## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 13, 2004 8:00 am Secretary of State DOCUMENT # P98000084307 1. Entity Name 05-13-2004 90013 008 \*\*\*150.00 OZ DEVELOPMENT, INC. Principal Place of Business Mailing Address 1991 NW 29TH STREET OAKLAND PARK FL 33311 1991 NW 29 STREET OAKLAND PARK FL 33311 2. Principal Place of Business 3. Mailing Address CAXUGA CAYUGA Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0866248 RANGH SEA RANCH L Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33308 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEPHEN J. RETFORD RETFORD, STEPHEN J Street Address (P.O. Box Number is Not Acceptable) 1991 NW 29 STREET CAYUGA ROAD OAKLAND PARK FL 33311 Zip Code <u> 33308</u> 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age Signature, typed or print (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. TITLE ☐ Delete TITLE **Change** ☐ Addition PSD NAME RETFORD, STEPHEN J RETFORD, STEPHEN J NAME CAYUGA ROAD STREET ADDRESS 1985 SE 16TH CT STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP RANCH LAKES TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the and it at my signature shall have the same legal effect as if made under oath; that I am an officer or director te this refort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied ith this filing indicated on this report or supplementa of the corporation or the receiver or tr changed, or on an attachment with

**FILED** 

954) 610-3800